

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FCY TO-875)

SERIAL NO.

**10 / 519899**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4		1				
5		1				
6		1				
7	1	1				
8		1				
9		1				
10		1				
11		1				
12	1	1				
13		1				
14		1				
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47						
48						
49						
50						
TOTAL IND.	1	4		4		4
TOTAL DEP.	9	4		4		4
TOTAL CLAIMS	10					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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54						
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97						
98						
99						
100						
TOTAL IND.		4		4		4
TOTAL DEP.		4		4		4
TOTAL CLAIMS						